



Department of Homeland Security  
70 Kimball Ave.  
South Burlington, VT 05403

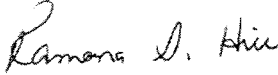
## REPORT OF EEO COUNSELING

The Matter Complained of By:

Aggrieved Person: Winnifred L. Noel-Charles

Title: District Adjudications Officer, GS-1801-12

Organizational Unit: New York District, USCIS

Submitted by:   
Ramona S. Hill, EEO ADR Coordinator

Organizational Unit/Location: Office of EEO, Burlington

Counselor's Telephone Number: (802) 872-4508

## INSTRUCTIONS FOR THE USE OF FORM

*If the individual does not allege discrimination because of race, color, sex, national origin, sexual orientation, religion, age or mental or physical disability in connection with the matter complained of, complete only the above portion of this page; Items 1, 2, 5, 6, 10 and 11 of Part A and Items 1, 2, and 4 of Part B before submitting the Report of EEO Counseling. Note under Item 4 of Part B any corrective action the individual received.*

*If discrimination because of one of the above factors is alleged, complete ALL items before submitting the Report of EEO Counseling and use Item 8 of Part B to report any corrective action received. Attach supplemental sheets referencing item number if additional space is required.*

Report of EEO Counseling

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**PART A**  
**KEY DATES**

1. Initial Contacts:
  - a) BVTEEO Office: June 26, 2006
  - b) EEO Counselor: June 26, 2006
2. Initial Interview: N/A
3. 30-Day Notice\*: N/A - Requested ADR Mediation
4. Counseling Extension(s)\*: September 24, 2006
5. Notice of Final Interview: September 5, 2006
6. Most Recent Action Identified as Discriminatory By Aggrieved Party:

AP alleged that she had been discriminated against by Mary Ann Gantner, District Director, New York District, when on May 30, 2006, she received a copy of the vacancy announcement package for CIS-101146-NYC Supervisory Adjudications Officer, GS-1801-13 through FOIA.
7. Date of Initial Alleged Discriminatory Conduct: 2005
8. Offer of Assistance in Completing DHS Form 3090-1:
  - a) Made by Counselor: September 5, 2006
  - b) Accepted: (AP) will contact this counselor if assistance is needed.
  - c) Rejected: N/A
9. Counseling Report Prepared: September 5, 2006
10. Report Submitted: September 5, 2006
11. a) Date Formal Complaint of Discrimination must be filed: **See 11b**
  - b) Date Notice of Final Interview mailed to Complainant (via electronic mail): September 5, 2006

**\* Copy of Notice Attached at Attachment 1**

Report of EEO Counseling

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**PART B**  
**REASON(S) FOR SEEKING COUNSELING**

**1. Alleged Discrimination Based on:**

- a. ☐ Race (Specify)
- b. ☐ Sex (Specify)
- c. ☐ Age (Specify)
- d. ☒ National Origin (Specify)      Trinidad
- e. ☐ Color (Specify)
- f. ☐ Religion (Specify)
- g. ☐ Mental Disability (Specify)
- h. ☐ Physical Disability (Specify)
- i. ☐ Other (Specify)
- j. ☐ Sexual Orientation (Specify)

**2. Matter(s)/Action(s) Complained of:**

AP alleged that she had been discriminated against on the basis of National Origin (Trinidad) by Mary Ann Gantner, District Director, New York District, when 1) she was not selected for the position of Supervisory District Adjudications Officer, GS-1801-13/14 announced under vacancy announcement FS-330054. AP stated that she received a score via email and filed two FOIA requests but did not receive response; 2) she was not selected for the position of Supervisory District Adjudications Officer, GS-1801-13 announced under vacancy announcement number CIS-101146-NYC. AP stated that she received an email dated December 5, 2005 indicating that her application was considered but that she was not selected. AP filed a FOIA request which she received on May 30, 2006; and 3) she was not selected for the position of Supervisory Adjudications Officer, GS-1801-13 announced under vacancy announcement number CIS-103847-NYC. Apt stated that she received an email on February 21, 2006 indicating that she was considered but not selected. AP stated that she did not file a FOIA request for this announcement.

**3. Has this same matter(s) been filed as a grievance before the union, MSPB, any other administrative agency or civil action (lawsuit). If yes, please provide documentation.**

N/A

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**4. Corrective Action Sought:**

## Report of EEO Counseling

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- To be selected for the position of Supervisory Adjudications Officer, GS-13 in the New York District
- Compensatory damages

**5. List by date(s) the matter(s)/action(s) complained of and explain the events causing the aggrieved person to believe he/she has been discriminated against.**

**6. If the EEO counselor was contacted after the 45-day time limit, explain the reason.**

EEO Counselor was contacted within the 45-day time limit.

**7. Counselor's Plan of Action:**

- Notify Head of Office about complaint.
  - Gregory B. Smith, Eastern Regional Director (802-660-5000; work email - Gregory.B.Smith@dhs.gov)
  - Mary Ann Gantner, District Director, New York District (212-264-3972; work email - Mary.Ann.Gantner@dhs.gov)
- Obtain Designated Management Official
  - Rosetta R. Martini, Supervisory District Adjudications Officer, GS-1801-13, New York District (401-528-5564; work email - Rosetta.Martini@dhs.gov)
- Obtain Federal Mediation Conciliation Services Mediator
  - Kathleen Murray-Cannon, mediator (845-778-0156; work email - kmurraycannon@fmcs.gov)

**8. Inquiry**

*a. Review of Records:*

Attachment 2 - Reviewed on July 17, 2006. Certification of Receipt of Rights and Responsibilities, Request to Mediate, and Pre-complaint Election Forms received. All document were signed on June 29, 2006 by AP.

*b. Personal Interviews:*

Winnifred L. Noel-Charles, District Adjudications Officer, GS-1801-12, New York District (AP)

June 26, 2006. Intake Counselor. AP alleged that she had been discriminated against on the basis of National Origin (Trinidad) by Mary Ann Gantner, District Director, New York District, when 1) she was not selected for the position of Supervisory District Adjudications Officer, GS-1801-13/14 announced under vacancy announcement FS-330054. AP stated that she received a score via email and filed two FOIA requests but did not receive response; 2) she was not selected for the position of Supervisory District Adjudications Officer, GS-1801-13 announced under vacancy announcement number CIS-101146-NYC. AP stated that she received an email dated December 5, 2005 indicating that her application was considered but that she was not selected. AP filed a FOIA request which she received on May 30, 2006; and 3) she was not selected for the position of Supervisory Adjudications Officer, GS-1801-13 announced under vacancy announcement number CIS-103847-NYC. Apt stated that she received an email on February 21, 2006 indicating that she was considered but not selected. AP stated that she did not file a FOIA request for this announcement. AP elected EEO ADR mediation.

**9. Summary:**

AP alleged that she had been discriminated against on the basis of National Origin (Trinidad) by Mary Ann Gantner, District Director, New York District, when 1) she was not selected for the position of Supervisory District Adjudications Officer, GS-1801-13/14 announced under vacancy announcement FS-330054. AP stated that she received a score via email and filed two FOIA requests but did not receive response; 2) she was not selected for the position of Supervisory District Adjudications Officer, GS-1801-13 announced under vacancy announcement number CIS-101146-NYC. AP stated that she received an email dated December 5, 2005 indicating that her application was considered but that she was not selected. AP filed a FOIA request which she received on May 30, 2006; and 3) she was not selected for the position of Supervisory Adjudications Officer, GS-1801-13 announced under vacancy announcement number CIS-103847-NYC. AP stated that she received an email on February 21, 2006 indicating that she was considered but not selected. AP stated that she did not file a FOIA request for this announcement.

AP elected EEO ADR mediation. Mediation occurred on August 29, 2006 with no resolution obtained.

**10. Results:** Unable to resolve.**Attachments**

## Attachment 1 -

- Notice of Right to File Formal

## Attachment 2 -

- Certification of Receipt of Rights and Responsibilities, signed June 29, 2006
- EEO Complaints Program Pre-complaint Election Form, signed June 29, 2006
- Request to Mediate, signed June 29, 2006
- Confidentiality Agreement signed August 29, 2006

# Attachment 1

U.S. Department of Homeland Security  
70 Kimball Avenue  
South Burlington, VT



U.S. Citizenship  
and Immigration  
Services

BVTEEO 60/7-C

## Interoffice Memorandum

To: File

*Ramona S. Hill*

From: Ramona S. Hill  
Equal Employment Opportunity Specialist  
Office of EEO, Burlington

Date: October 2, 2006

Re: Winnifred Noel-Charles, HS-06-CIS-002183

No read return receipt was received for electronic mail sent to Ms. Noel-Charles providing her with her right to file a formal complaint. This was sent to her work email on September 5, 2006. A delivery receipt showed that the message was delivered the same day.

Ms. Noel-Charles called and left a voice mail on my office telephone on September 22, 2006 requesting me to call her regarding the paperwork that I has sent her. I received this message when I returned to the office on September 27, 2006. I returned her call and explained the process. Ms. Noel-Charles requested that I resend the DHS Form 3090-1 to her home email, which I did.

Hill, Ramona S

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**From:** System Administrator  
**To:** Noel-Charles, Winnifred  
**Sent:** Tuesday, September 05, 2006 5:04 PM  
**Subject:** Delivered:Notice of Right to File a Formal Complaint

Your message

**To:** Noel-Charles, Winnifred  
**Subject:** Notice of Right to File a Formal Complaint  
**Sent:** 09/05/2006 5:04 PM

was delivered to the following recipient(s):

Noel-Charles, Winnifred on 09/05/2006 5:04 PM

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**Hill, Ramona S**

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**From:** Hill, Ramona S  
**Sent:** Tuesday, September 05, 2006 5:04 PM  
**To:** Noel-Charles, Winnifred  
**Subject:** Notice of Right to File a Formal Complaint  
**Importance:** High  
**Attachments:** DHS Form 3090-1 Noel-Charles 2183.pdf; NFI.DOC

Ms. Noel-Charles,

I have completed the informal inquiry into your allegation of discrimination you brought to me attention on June 26, 2006. This message will serve as your final interview. You elected ADR mediation. Mediation occurred on August 29, 2006 and resolution was not obtained. This message is providing you with your right to file a formal EEO complaint.

Please print out the attached document. Please sign, date, and return the memorandum (Notice of Right to File a Complaint of Discrimination). It may be faxed to my attention at 802-872-4518.

If you wish to file a formal complaint, the attached form DHS 3090-1 must be completed and sent to the EEO Complaints Program Management Office (CPMO). I have partially completed it for you. You must submit this form to the CPMO within 15 calendar days of receiving this message. The address and phone number for CPMO is provided below:

Department of Homeland Security

EEO Complaints Program Management Office - Twin Cities Federal Building, Room G-56C

1 Federal Drive

Ft. Snelling, MN 55111

Phone: (612) 467-7029

Fax: (612) 725-3239

Please call me at 802-872-4508 if you have any questions regarding the DHS 3090-1 form.

Ramona

Ramona S. Hill  
EEO ADR Coordinator  
Office of EEO, Burlington  
ICE EEO Shared Services

70 Kimball Avenue, South Burlington, VT 05403 | 802-872-4508 phone | 802-872-4518 fax | Ramona.Hill@dhs.gov

U.S. Department of Homeland Security  
70 Kimball Avenue  
South Burlington, VT



U.S. Citizenship  
and Immigration  
Services

BVTEEO 60/7-C

## Interoffice Memorandum

To: Winnifred L. Noel-Charles  
District Adjudications Officer  
New York District, USCIS

*Ramona S. Hill*

From: Ramona S. Hill  
EEO ADR Coordinator  
Office of EEO, Burlington

Date: September 5, 2006

Re: Notice of Right to File a Complaint of Discrimination

This is to inform you that because the dispute you brought to my attention has not been resolved, you are now entitled to file a discrimination complaint. You initially contacted the Office of EEO on June 26, 2006. You alleged that you were discriminated against on the basis of National Origin (Trinidad) by Mary Ann Gantner, District Director when you were not selected for the position of Supervisory Adjudications Officer, GS-1801-13 announced under vacancy announcements FS-330054, CIS-101146 NYC, and CIS-103847 NYC. You elected EEO ADR mediation. Mediation occurred on August 29, 2006 with no resolution obtained.

If you file a complaint, it must be filed on the attached DHS Form 3090-1, *Individual Complaint of Employment Discrimination* within fifteen (15) calendar days after receipt of this notice. Your complaint must be filed in person by you or your representative/attorney, if you have retained one, or by mail or fax to:

Department of Homeland Security  
EEO Complaints Program Management Office - Twin Cities  
Attn: Judy S. Maltby, Chief  
Federal Building, Room G-56C  
1 Federal Drive  
Ft. Snelling, MN 55111

A complaint shall be deemed timely if it is received or postmarked before the expiration of the 15-day filing period, or, in the absence of a legible postmark, if it is received by mail within five days of the expiration of the filing period.

The formal complaint must be specific and contain only those issue(s) either specifically discussed with me, or issues that are like or clearly related to the issues that you discussed with me. It is important that you state the matter(s) giving rise to your complaint as concisely as you can, citing the nature of the action, the date of the action and the person(s) involved (if any). You may only raise matters that have been counseled. The complaint must also state whether you have filed a grievance under a Negotiated Grievance Procedure or an appeal to the Merit Systems Protection Board on the same claims, including dates filed.

Interoffice Memorandum to Winnifred L. Noel-Charles  
Re: Notice of Right to File a Complaint of Discrimination

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If you retain an attorney or any other person as a representative, you must immediately notify the Chief, EEO Complaints Program Management Office, in writing, at the address shown above, the name, address, and telephone number of your attorney or representative. You are also advised that:

1. If your representative is not an attorney, all official correspondence, (documents and decision) will be served on you.
2. If your representative is an attorney, all official correspondence (documents and decisions) for you will be served on your attorney.
3. You and/or your representative will receive a written acknowledgement receipt of your discrimination complaint from the EEO Complaints Program Management Office - Twin Cities.

Attachment

Please sign, date below and fax signed document to 802-872-4518.

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Winnifred L. Noel-Charles

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(Date of Receipt)

OMB No. 1610-0001 Expiration Date: 4/30/08

DEPARTMENT OF HOMELAND SECURITY  <b>INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION</b>  <i>(Use this form for original complaints and amendments.)</i>	<b>FOR OFFICIAL USE ONLY</b> DEPARTMENT CASE NUMBER HS-06-CIS-002183 FILING DATE
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**PART 1 COMPLAINANT IDENTIFICATION**

1. NAME <i>(Last, First, Middle Initial)</i>  Noel-Charles, Winnifred L.	5. NAME AND ADDRESS OF ORGANIZATION WHERE YOU WORK <i>(If a Department of Homeland Security Employee)</i>  Bureau or Component USCIS
2. TELEPHONE/FAX <i>(Include Area Code)</i>  Home <input type="text"/> Fax <input type="text"/>	Office and Organizational Unit New York District
Work <input type="text"/> Fax <input type="text"/>	Street Address 26 Federal Plaza
3. HOME ADDRESS <i>(You must notify the Department of any change of address while complaint is pending, or your complaint may be dismissed.)</i>  <input type="text"/>	City State Zip Code New York NY 10278-0127
4. IF YOU ARE A CURRENT OR FORMER EMPLOYEE OF THE FEDERAL GOVERNMENT, LIST YOUR RECENT TITLE, SERIES, AND GRADE.  Title District Adjudications Officer  Series GS-1801 Grade 12	6. EMPLOYMENT STATUS IN RELATION TO THIS COMPLAINT  <input type="checkbox"/> Applicant <input type="checkbox"/> Probationary <input checked="" type="checkbox"/> Career/Career Conditional  <input type="checkbox"/> Uniformed Service Member  <input type="checkbox"/> Former Employee/Member _____ Date Left Department  <input type="checkbox"/> Retired _____ Date of Retirement  <input type="checkbox"/> Other <i>(Specify)</i> _____

7. I certify that all statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.

SIGNATURE OF COMPLAINANT OR ATTORNEY REPRESENTATIVE	DATE
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**PART II DESIGNATION OF REPRESENTATIVE**

8. YOU MAY REPRESENT YOURSELF IN THIS COMPLAINT OR YOU MAY CHOOSE SOMEONE TO REPRESENT YOU. YOUR REPRESENTATIVE DOES NOT HAVE TO BE AN ATTORNEY. YOU MAY CHANGE YOUR DESIGNATION OF A REPRESENTATIVE AT A LATER DATE, BUT YOU MUST NOTIFY THE DEPARTMENT IMMEDIATELY IN WRITING OF ANY CHANGE, AND YOU MUST INCLUDE THE SAME INFORMATION REQUESTED IN THIS PART.

"I hereby designate *(Please Print Name)* \_\_\_\_\_ to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf."

Is the representative an attorney?

☐ YES

☐ NO

9. REPRESENTATIVE'S MAILING ADDRESS  FIRM/ORGANIZATION	10. REPRESENTATIVE'S EMPLOYER <i>(If Federal Agency)</i>	
STREET ADDRESS	11. REPRESENTATIVE'S TELEPHONE/FAX <i>(Include Area Code)</i> Telephone Fax	
CITY, STATE, & ZIP CODE	12a. COMPLAINANT'S SIGNATURE	12b. DATE

**PART III ALLEGED DISCRIMINATORY ACTIONS**13. NAME OF PERSON OR DHS COMPONENT WHO TOOK THE ACTION AT ISSUE. **Mary Ann Gantner, DD**

FIRM/ORGANIZATION

**New York District**

STREET ADDRESS

**26 Federal Plaza**

CITY, STATE, &amp; ZIP CODE

**New York, NY 10278-0127**

14. ARE YOU WILLING TO PARTICIPATE IN MEDIATION OR OTHER AVAILABLE TYPES OF ALTERNATIVE DISPUTE RESOLUTION TO RESOLVE YOUR COMPLAINT?

☐ YES☐ NO

15. A. Describe the action taken against you that you believe was discriminatory.  
 B. Give the date when the action occurred, and the name of each person responsible for the action.  
 C. Describe how you were treated differently from other employees, applicants, or members for any of the reasons listed in Item 16.  
 D. Indicate what harm, if any, came to you in your work situation as a result of this action. (You may, but are not required to, attach extra sheets.)  
 E. If the basis of your complaint is parental status, sexual orientation, or protected genetic information, use this form, but your complaint is not statutorily based and will follow a separate, parallel process.

16. Mark below **ONLY** the bases you believe were relied on to take the actions described in Item 15.☐ RACE☐ AGE (Date of Birth)☐ COLOR☐ PHYSICAL OR MENTAL DISABILITY (Describe)☐ RELIGION☐ RETALIATION/REPRISAL (Dates of Prior EEO Activity)☐ NATIONAL ORIGIN (Specify)☐ SEXUAL ORIENTATION☐ SEX (Specify)☐ PARENTAL STATUS☐ PROTECTED GENETIC INFORMATION

17. WHAT REMEDIAL OR CORRECTIVE ACTION ARE YOU SEEKING TO RESOLVE THIS MATTER

18. ON THIS SAME MATTER, HAVE YOU FILED A GRIEVANCE OR APPEAL UNDER:

Negotiated grievance procedure

☐ YES☐ NO

Agency grievance procedure

☐ YES☐ NO

Merit Systems Protection Board appeal procedure

☐ YES☐ NO

If you filed a grievance or appeal, provide date filed, case number, and present status.

**PART IV CONTACT**

**EEO/EO Counseling is not required if you are requesting amendment of an existing, open complaint.**  
**Complete items 24 and 25, even if you did not contact a counselor.**

19. DATE YOU CONTACTED AN EEO COUNSELOR

**June 26, 2006**

20. NAME AND TELEPHONE NUMBER OF EEO COUNSELOR

Name **Ramona S Hill - ADR** Phone **802-872-4508**

21. DID YOU DISCUSS ALL ACTIONS RAISED IN ITEM 15 WITH AN EEO COUNSELOR? (If NO, explain on attached sheet)

☐ YES☐ NO

22. DATE YOU RECEIVED YOUR "NOTICE OF RIGHT TO FILE"

23. IF YOU ARE REQUESTING AMENDMENT OF AN EXISTING, OPEN, FORMAL COMPLAINT (OR PROVIDING ADDITIONAL EVIDENCE), INDICATE THE COMPLAINT CASE NUMBER OF THAT COMPLAINT.

24. DATE OF MOST RECENT DISCRIMINATORY EVENT

25. DATE YOU FIRST BECAME AWARE OF THE ALLEGED DISCRIMINATION



OMB No. 1610-0001 Expiration Date: 4/30/08

**DEPARTMENT OF HOMELAND SECURITY  
DHS FORM 3090-1, INDIVIDUAL COMPLAINT OF EMPLOYMENT  
DISCRIMINATION FORM INSTRUCTIONS**

**(Read the following instructions carefully before you complete this form.)  
(Please complete all items on the complaint form.)**

**GENERAL:** This form should be used only if you, as an applicant for employment with the Department of Homeland Security (DHS), or as a present or former Department of Homeland Security employee:

- 1) believe you have been discriminated against because of your **race, color, religion, sex, national origin, age** (40 years or older at the time of the event giving rise to your claim), **physical or mental disability**, or in **reprisal** for opposition to activities protected by civil rights statutes, or participation in proceedings to enforce those statutes; or
- 2) believe you have been discriminated against because of your **parental status, sexual orientation, or protected genetic information**. Your claim is not covered under statutory basis, but will be processed under a parallel procedure, and
- 3) have presented the matter for informal resolution to an Equal Employment Opportunity (EEO) Counselor within **45 days** of the event giving rise to your claim, or within **45 days** of first becoming aware of the alleged discrimination. If you are amending or providing additional evidence to an existing open complaint, the form should be used, but EEO counseling is not required.

**IMPORTANT NOTE:** In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

**WHEN TO FILE:** In accordance with 29 CFR 1614.106, your formal complaint must be filed within **15 calendar days** of the date you received the "Notice of Right to File a Discrimination Complaint" from your EEO Counselor. You must sign and date your complaint. If you are represented by an attorney, the attorney may sign the complaint on your behalf.

These time limits may be extended:

- 1) if you show that you were not notified of the time limits and were not otherwise aware of them, or
- 2) if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or
- 3) for other reasons considered sufficient by the Department.

**REPRESENTATION:** You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor, EEO Investigator or EEO Officer may serve as a representative. (Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)

**WHERE TO FILE:** In accordance with 29 CFR 1614.106(c), your written complaint must be signed by you or your attorney. The complaint should be filed with the EEO Director of the Department of Homeland Security component where the alleged discrimination occurred. (Filing instructions are contained in the "Right to File" form, which was provided by your Counselor.) Keep a copy of the completed complaint form for your records.

## PRIVACY ACT STATEMENT

1. **FORM/TITLE/DATE:** Department of Homeland Security (DHS) DHS Form 3090-1, **Individual Complaint of Employment Discrimination** with the Department of Homeland Security.
2. **AUTHORITY:** 42 USC 2000e; 29 USC 633a; 5 USC 1303 and 1304;; 5 CFR 5.2 and 5.3; 29 CFR 1614.105 and 1614.107; and Executive Order 11478, as amended.
3. **PRINCIPAL PURPOSES:** The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Homeland Security on the grounds of race, color, religion, sex, national origin, age, physical or mental disability, or retaliation. Information provided on this form will be used by DHS to determine whether the complaint was timely filed and whether the allegations in the complaint are within the purview of 29 CFR Part 1614, to provide a factual basis for investigation of the complaint, and to reach a decision on the complaint. It also records an amendment or additional evidence to an open, pending complaint.
4. **ROUTINE USES:** Other disclosures may be:
  - a. to respond to a request form from a Member of Congress regarding the status of the complaint or appeal;
  - b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
  - c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal; or
  - d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT OF NOT PROVIDING INFORMATION:** Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Homeland Security dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

## OMB STATEMENT

In accordance with the Paperwork Reduction Act, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 1610-0001. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

# Attachment 2



06/30/2006 10:35 FAX 2122642038

DHS-CIS-NIU

001/005

Attachment # 2

U.S. Department of Homeland Security  
70 Kimball Avenue  
South Burlington, VT 05403



U.S. Citizenship  
and Immigration  
Services

## Interoffice Memorandum

To: Ramona S. Hill, ADR EEO Coordinator

From: Winnifred L. Noel-Charles

*Winnifred L. Noel-Charles* 6-29-2006  
(Please sign name and date here)

Date: June 29, 2006

Re: Certification of Receipt of Rights and Responsibilities

I certify that I have been advised of the *Rights and Responsibilities Notice* (attached) under this guide and have received a copy of same. I also certify that I have been advised of:

(a). My right to be accompanied, represented and advised during counseling and administrative processing of my complaint by a representative designated in writing. *Please check appropriate box(es):*

☒ I do not have a representative.

☐ I have a representative **WHO IS / IS NOT** (circle the correct response) an attorney and whose name and address is provided below.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephon(e)s \_\_\_\_\_

(b). My right to have a union representative present at the mediation, if I am a bargaining unit employee. *Please check appropriate box(es):*

☐ I do not wish to have a union representative present at the mediation or I am not a bargaining unit employee.

☒ I request that a union representative be present at the mediation.

(c). My responsibilities during the administrative processing of my complaint.

If I later choose to have representation (attorney or non-attorney), I will inform the EEO Office immediately, and provide the address and phone number of that person.

I understand that payment of attorney's fees, if I am successful in a formal complaint, requires prior notification to the Director, EEO, of such representation.

I understand that all official correspondence, documents and decision(s) will be served on my representative and me if I am represented.

I understand that all official correspondence, documents and decision(s) will be served on me if I am not represented.

I also understand that I must inform the Director, IEO, of a change of address immediately and that my failure to do so may be a basis for dismissal.

Attachment # 3

U.S. Department of Homeland Security  
70 Kimball Avenue  
South Burlington, VT 05403



U.S. Citizenship  
and Immigration  
Services

### Request to Mediate

The aggrieved person/complainant, Winnifred L. Noel-Charles, hereby requests to participate in mediation to facilitate resolution of EEO complaints based on National Origin (Trinidad), wherein she alleges:

Non-selection for Supervisory Adjudications Officer in the New York District despite qualifications, and applying for the position a minimum of three (3) times.

Formal complaint(s) at issue include the following (identify each formal complaint number):

The aggrieved person/complainant acknowledges that, if applicable, this request will extend the informal counseling period from 30 to 90 days in accordance with Title 29 Code of Federal Regulations Section 1614.105 (f). Similarly if an individual enters into an ADR procedure after a formal complaint is filed, the time period for processing the complaint may be extended by agreement for not more than 90 days.

As a condition of mediation, the aggrieved person/complainant agrees that:

1. The mediator is a neutral third party. The role of the mediator is to help the parties create a mutually satisfactory resolution agreement.
2. The parties in the mediation will not call the mediator as a witness in the event of any judicial or administrative proceeding relative to the above-referenced complaint.
3. In order to facilitate resolution attempts, offers and statements made during the mediation session(s) will be confidential, and all notes made during the mediation sessions(s) shall be collected and destroyed by the mediator(s) at the conclusion of each mediation session.
4. The aggrieved person/complainant may be accompanied by one representative. In the event that the aggrieved person/complainant will have a representative, the EEO Intake Counselor shall be notified in writing with the name of the representative. No more than one representative will be present at the mediation.
5. Bargaining unit employees may also elect to have a union representative present at the mediation. In the event that the bargaining unit employee elects to have a union representative, the Designated Management Official shall promptly notify the union.
6. ~~The bargaining unit employee~~  
☒ does  
☐ does not  
also elect to have a union representative present at the mediation.  
(Please check the appropriate box)
7. In the event there is no resolution (in an informal complaint), the aggrieved person/complainant will be referred back to the intake counselor for the issuance of the notice of right to file a formal complaint within 15 calendar days.

  
Winnifred L. Noel-Charles, Aggrieved Person

  
Date

Telephone number: (work) 212-264-2912  
(home) 845-226-8749

Address: 123 Oak Ridge Road, Hopewell Junction, NY 12533

Duty Location: New York District, 26 Federal Plaza, New York, NY 10278-0127

  
Ramona S. Hill, EEO ADR Coordinator

  
Date

Attachment # 4

**EEO Complaints Program  
Pre-complaint Election Form**

I made contact with the Office of EEO, Burlington, Vermont intake counselor on June 26, 2006 and was provided information regarding the complaint procedures. I have read the materials provided to me concerning the EEO ADR program and I have been afforded an opportunity to discuss the procedures with the Intake Counselor.

I elect to pursue my claim(s) through the following procedure (select one):

ADR process

WNC (Initials)

EEO counseling

N/A (Initials)

I understand my rights and I am making this choice freely and voluntarily.

Aggrieved Person's name (print):

Winnifred L. Noel-Charles

Aggrieved Person's signature:

W. L. Noel-Charles

Date:

6-29-2006

Department of Homeland Security

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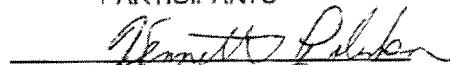
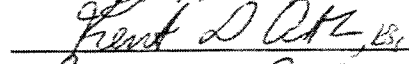

800 K Street, NW, Suite 200  
Washington, DC 20536

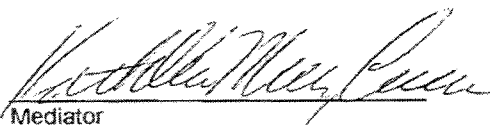
**CONFIDENTIALITY AGREEMENT**

The undersigned whose signatures appear below agree that all proceedings at their mediation session, including statements made and documents prepared for this proceeding by any party or other participant, are privileged and shall not be disclosed in any subsequent proceeding or document or construed for any purpose as an admission against interest. The undersigned agree not to subpoena the mediator or any documents submitted to the mediator. In no event will a mediator voluntarily testify on behalf of a party.

  
Aggrieved Person/Complainant

PARTICIPANTS

  
Mediator

Co-Mediator (if applicable)

  
Date